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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10522682 | <b>Applicant(s)/Patent Under Reexamination</b><br>MEES ET AL. |
|   | <b>Examiner</b><br>JOHN KIM                | <b>Art Unit</b><br>1797                                       |

| ORIGINAL           |                                   |          |     |     |       | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|-----|-----|-------|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |     |     |       | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |  |  |  |  |
| 210                |                                   | 493.1    |     |     |       | B                            | 0 | 1 | D | 29 / 00 (2008.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |     |     |       | B                            | 0 | 1 | D | 35 / 00 (2008.01.01) |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |     |     |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 210                | 232                               | 483      | 484 | 485 | 493.5 |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 210                | 497.01                            |          |     |     |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |     |     |       |                              |   |   |   |                      |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
|   | 1        | 7     | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 2        | 8     | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 3        | 9     | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 4        | 10    | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 5        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 6        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 7        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 8        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 9        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 10       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 1   | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 12       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

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|--|--|------------------------------|-------------------|
| NONE   |  | <b>Total Claims Allowed:</b> |                   |
|  |  | 10                           |                   |
| (Assistant Examiner)                         |  | (Date)                       |                   |
| /JOHN KIM/<br>Primary Examiner Art Unit 1797 |  | 9/24/2008                    |                   |
| (Primary Examiner)                           |  | (Date)                       |                   |
|  |  | O.G. Print Claim(s)          | O.G. Print Figure |
|  |  | 1                            | 6                 |